CHAPTER 264
HB 1222 - FINAL VERSION

28Mar2024... 0454h
28Mar2024... 1366h
05/22/2024 2108s

2024 SESSION

24-2600
09/05

HOUSE BILL ***1222***

AN ACT relative to physician assistant scope of practice and establishing a committee to research physician assistant scope of practice.

SPONSORS: Rep. Rochefort, Graf. 1; Rep. Edwards, Rock. 31

COMMITTEE: Executive Departments and Administration

AMENDED ANALYSIS

This bill revises the requirements governing collaboration agreements for physician assistants, and establishes a committee to study physician assistant scope of practice.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to physician assistant scope of practice and establishing a committee to research physician assistant scope of practice.

Be it Enacted by the Senate and House of Representatives in General Court convened:

264:1 Physician Assistants; Definitions. Amend RSA 328-D:1, II-a to read as follows:

II-a. "Collaboration" means a physician assistant's consultation with or referral to [~~an appropriate~~] ***a*** physician or [~~other health care professional~~] ***to the appropriate member of the health care team*** as indicated based on the patient's condition, the physician assistant's education, training, and experience, and the applicable standards of care.

264:2 Physician Assistants; Definitions. Amend RSA 328-D:1, II-c to read as follows:

II-c. "Participating physician" means a physician practicing as a sole practitioner, a physician designated by a group of physicians to represent their physician group, or a physician designated by a health care facility to represent that facility, who ***collaborates with a physician assistant or who*** enters into a collaboration agreement with a physician assistant in accordance with this chapter.

264:3 Physician Assistants; Definitions. Amend RSA 328-D:1, III to read as follows:

III. "Physician assistant" or "P.A." means a person qualified both by academic and practical training to provide patient services [~~in collaboration with one or more physicians pursuant to the requirements of~~] ***and licensed under*** this chapter.

264:4 Physician Assistants; Licensure Requirements Suspended. Amend RSA 328-D:2-a, I-II to read as follows:

I. New Hampshire state licensure laws, rules, and regulations for physician assistants are hereby suspended for those physician assistants licensed by another state or territory of the United States or another country who are employed by the United States Department of Veterans Affairs and who are offering medical services to patients offered through the Veterans Administration Medical Center (VAMC), provided that such physician assistants are acting within the scope of their employment at the VAMC and possess a current license in good standing in their respective state, territory, or country of licensure. [~~Physician assistants who are employed by the United States Department of Veterans Affairs and who are offering medical services to patients of the Veterans Administration Medical Center (VAMC) and requesting licensure in New Hampshire may collaborate with physicians licensed in any state or territory of the United States provided the participating physician possesses a current license in good standing in their respective state or territory of the United States.~~]

II. The acting director of the Manchester VAMC shall submit to the executive director of the New Hampshire office of professional licensure and certification, or designee, a list of all out-of-state or out-of-

country licensed physician assistants offering services in the state of New Hampshire [~~and out-of-state licensed physicians collaborating with physician assistants~~].

264:5 Physician Assistants; Physician Assistant Scope of Practice. Amend RSA 328-D:3-b, I to read as follows:

I.*(a)* Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, [~~a physician assistant shall engage in practice as a physician assistant in this state only if the physician assistant has entered into a written collaboration agreement with a sole practice physician or a physician representing a group or health system so long as the sole practitioner or at least one physician in the group or health system practices in a similar area of medicine as the physician assistant, and is a licensed New Hampshire physician.~~] *physician assistants with fewer than 8,000 hours of post-graduate clinical practice hours practicing without at least one licensed New Hampshire physician in the group, practice, or health system shall enter into a written collaboration agreement with a New Hampshire licensed physician. The physician signing the collaboration agreement shall practice in a similar area of medicine as the physician assistant. The physician assistant shall provide proof of clinical hours worked upon request of the board of medicine.*

(b) Any New Hampshire licensed physician assistant with more than 8,000 post-graduate clinical practice hours who intends to practice medicine in a setting without at least one licensed New Hampshire physician in the group, practice, or health system shall apply to the board of medicine for a waiver of the collaboration agreement requirement. Within 90 days of enactment of this subparagraph, the board shall adopt rules pursuant to RSA 541-A which set forth the requirements the physician assistant must meet for the board to grant the waiver. The rules shall include creating a waiver application form on which the physician assistant shall provide the physician assistant's name, license number, physical location of the practice, mailing address, phone number, primary area of medical practice, and proof of required post-graduate clinical practice hours. The rules shall require the board to confirm the physician assistant's license is in good standing. The board may delay or deny approval of the waiver if the physician assistant's license is not in good standing or if the board is aware of action against the physician assistant's license. The board shall also adopt rules that outline the conditions under which a physician assistant who is denied a waiver may reapply. Any New Hampshire licensed physician assistant with more than 8,000 post-graduate clinical practice hours who intends to practice medicine in a setting without at least one licensed New Hampshire physician in the group, practice, or health system may not do so without first obtaining a waiver through the waiver process created by the board of medicine in this subparagraph.

264:6 Physician Assistants; Physician Assistant Scope of Practice; Effective January 1, 2027. Amend RSA 328-D:3-b, I to read as follows:

I.[~~(a)~~] Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, physician assistants with fewer than 8,000 hours of post-graduate clinical practice hours practicing without at least one licensed New Hampshire physician in the group, practice, or health system shall enter into a written collaboration agreement with a New Hampshire licensed physician. The physician signing the collaboration agreement

shall practice in a similar area of medicine as the physician assistant. The physician assistant shall provide proof of clinical hours worked upon request of the board of medicine.

[~~(b) Any New Hampshire licensed physician assistant with more than 8,000 post-graduate clinical practice hours who intends to practice medicine in a setting without at least one licensed New Hampshire physician in the group, practice, or health system shall apply to the board of medicine for a waiver of the collaboration agreement requirement. Within 90 days of enactment of this subparagraph, the board shall adopt rules pursuant to RSA 541-A which set forth the requirements the physician assistant must meet for the board to grant the waiver. The rules shall include creating a waiver application form on which the physician assistant shall provide the physician assistant's name, license number, physical location of the practice, mailing address, phone number, primary area of medical practice, and proof of required post-graduate clinical practice hours. The rules shall require the board to confirm the physician assistant's license is in good standing. The board may delay or deny approval of the waiver if the physician assistant's license is not in good standing or if the board is aware of action against the physician assistant's license. The board shall also adopt rules that outline the conditions under which a physician assistant who is denied a waiver may reapply. Any New Hampshire licensed physician assistant with more than 8,000 post-graduate clinical practice hours who intends to practice medicine in a setting without at least one licensed New Hampshire physician in the group, practice, or health system may not do so without first obtaining a waiver through the waiver process created by the board of medicine in this subparagraph.~~]

264:7 New Paragraphs; Physician Assistants; Physician Assistant Scope of Practice. Amend RSA 328-D:3-b by inserting after paragraph XVIII the following new paragraphs:

XIX. Physician assistants shall collaborate with, consult with, and/or refer to a physician or the appropriate member of the health care team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the standard of care. Physician assistants may only practice medicine when a physician or other appropriate member of the health care team is available for consultation in person or by electronic means. Physician assistants are solely responsible for the care they provide.

XX. Physician assistants shall comply with all internal policies regarding scope of practice as set forth by the physician assistant's employer.

264:8 Committee Established to Research Physician Assistant Scope of Practice; Purpose.

Access to health care providers in New Hampshire, especially primary care providers, continues to be an issue for patients in all parts of the state. This is especially true in rural areas. Optimal utilization of advanced practice providers and removal of regulatory requirements placed only on physician assistants could expand patient access to primary care. There is established a study committee to research physician assistant scope of practice, specifically laws and regulations governing the collaboration with other health care providers, including, but not limited to physicians, nurse practitioners, nurses, and pharmacists, and to research how to maximize hiring, retention, and utilization of physician assistants in the state's health care system to address provider shortages.

264:9 Membership and Compensation.

I. Members of the committee shall include the following:

(a) Four members of the house of representatives appointed by the speaker of the house of representatives, one of whom shall be from the house health, human services, and elderly affairs committee, 2 from the house executive departments and administration committee, and one at large.

(b) One member of the senate, appointed by the president of the senate.

II. The committee's study shall include collaboration with:

(a) New Hampshire Society of Physician Assistants.

(b) New Hampshire board of medicine.

(c) New Hampshire board of nursing.

(d) New Hampshire Nurse Practitioner Association.

(e) New Hampshire Medical Society.

(f) America's Health Insurance Plans.

III. The committee may solicit input from any person or entity the committee deems relevant to its study.

IV. Legislative members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

264:10 Duties. The study committee shall:

I. Research revisions to statutes and regulations governing the scope of practice of physician assistants to identify differences between advanced practice provider scopes of practice, especially collaboration agreements with physicians, that should be changed to bring physician assistants more in line with advanced practice nurse practitioners and increase access to care.

II. Research other state laws that govern physician assistant scope of practice, educational requirements, and the level of supervision and collaboration with physicians, with the intent to make New Hampshire's practice environment attractive to physician assistants. In doing the research described in this paragraph, the committee shall compare these areas between the 2 advanced practice provider professions.

III. Research patient safety in states where collaboration agreements between physicians and physician assistants have been relaxed or eliminated.

IV. Research billing by advanced practice providers and reimbursement by health insurance companies for provided services. Special attention shall be paid to the barriers faced by physician assistants seeking reimbursement by health insurance companies as primary care providers.

V. Identify and correct, for the benefit of the public and legislators, misconceptions of a physician assistant's role in the health care system, including misconceptions regarding physician assistant education, training, experience, qualifications for advanced practice provider positions in all health care settings, and how physician assistants practice medicine within health care teams.

264:11 Chairperson; Quorum. The members of the committee shall elect a chairperson from among the members. The quorum shall consist of a majority of the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of sections 8 through 12 of this act.

264:12 Report. The committee shall submit a report including its findings and any recommendations for proposed legislation on or before November 1, 2024 to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library.

264:13 Effective Date.

I. Section 6 of this act shall take effect January 1, 2027.

II. The remainder of this act shall take effect upon its passage.

Approved: July 26, 2024
Effective Date:
I. Section 6 effective January 1, 2027
II. Remainder effective July 26, 2024